

110TH CONGRESS  
1ST SESSION

# H. R. 1174

To amend title XVIII of the Social Security Act to require public reporting of health care-associated infections data by hospitals and ambulatory surgical centers and to permit the Secretary of Health and Human Services to establish a pilot program to provide incentives to hospitals and ambulatory surgical centers to eliminate the rate of occurrence of such infections.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 16, 2007

Mr. TIM MURPHY of Pennsylvania (for himself, Mrs. MYRICK, Mr. BOSWELL, and Ms. CORRINE BROWN of Florida) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend title XVIII of the Social Security Act to require public reporting of health care-associated infections data by hospitals and ambulatory surgical centers and to permit the Secretary of Health and Human Services to establish a pilot program to provide incentives to hospitals and ambulatory surgical centers to eliminate the rate of occurrence of such infections.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Healthy Hospitals Act  
3 of 2007”.

4 **SEC. 2. FINDINGS.**

5 Congress finds the following:

6 (1) Health care costs in the United States are  
7 rising. From 2004 through 2005, the medical costs  
8 for a four-person household increased by 9.1 percent  
9 to \$12,214. A significant portion of these increased  
10 costs are attributable to health care-associated infec-  
11 tions. When a patient contracts such an infection,  
12 that cost is passed on to the insurance companies,  
13 State and Federal governments, or individuals.

14 (2) Health care-associated infections contribute  
15 to over \$50,000,000,000 in annual medical costs. An  
16 acquired infection adds \$150,000 to a medical bill  
17 per patient.

18 (3) The Centers for Disease Control and Pre-  
19 vention reports that there are an estimated  
20 2,000,000 cases of health care-associated infections  
21 and an estimated 90,000 deaths related to such in-  
22 fections annually.

23 (4) Only six States require hospitals to report  
24 their health care-associated infection rates. Only one  
25 State makes that information available to the public  
26 for each hospital.

1           (5) Health care-associated infections include  
2 surgical site infections, ventilator associated pneu-  
3 monia, central line related (IV) blood infections, uri-  
4 nary tract infections, methicillin-resistant Staphy-  
5 lococcus aureus (MRSA) infections, and other types  
6 of infections. These infections are transmitted to pa-  
7 tients when there is inadequate adherence to clean  
8 sanitation and patient safety procedures that would  
9 otherwise prevent infectious disease. A study in the  
10 American Journal of Medical Quality of almost  
11 12,000 hospitalizations reports that hospital proce-  
12 dures, not the sickness of the patient at the time of  
13 admission, tended to be the primary cause of these  
14 infections.

15           (6) Hospitals and other health care providers  
16 have been able to drastically reduce infection rates  
17 by strict adherence to clean sanitation techniques,  
18 including:

19                   (A) Handwashing before and after contact  
20 with any patient.

21                   (B) Sterilizing all equipment used with pa-  
22 tients.

23                   (C) Clean up before and after patient pro-  
24 cedures.

1 (D) Proper use of antibiotics before and  
2 after surgery.

3 (E) Pre-testing patients on admission to  
4 evaluate the presence of an infection (such as  
5 MRSA).

6 (F) Use of infection control boards at hos-  
7 pitals to monitor and manage procedures.

8 (7) The National Surgical Infection Prevention  
9 Project found in a study of over 34,000 patients  
10 treated nationwide that more than 44 percent of pa-  
11 tients did not receive antibiotic doses within the rec-  
12 ommended time frame. In addition, the American  
13 Journal of Infection Control reports that 70 percent  
14 of health care workers do not adhere to  
15 handwashing and sterilization procedures.

16 (8) Hospitals have successfully reduced infec-  
17 tions by improving patient safety. For example, Alle-  
18 gheny General Hospital in Pennsylvania reduced the  
19 rate of central line-acquired infections to almost zero  
20 within 90 days by educating and training health care  
21 staff on infection control resulting in savings in  
22 three years of over \$2,000,000. A major teaching  
23 hospital in St. Louis reported a reduction in central  
24 line acquired infection rates through introduction of  
25 an educational program for all staff resulting in cost

1 savings of over \$1,500,000. Mercy Health Center in  
2 Oklahoma has performed 400 surgeries without any  
3 infections by utilizing antibiotics and clean proce-  
4 dures.

5 (9) Uniform and accurate public reporting of  
6 health care-associated infections by hospitals and  
7 ambulatory surgical centers will allow health care  
8 providers to target their efforts to reduce the occur-  
9 rence of health care-associated infections, enhance  
10 consumer choice of health care providers, reduce  
11 health care costs, and save lives.

12 **SEC. 3. REQUIREMENT FOR PUBLIC REPORTING OF**  
13 **HEALTH CARE-ASSOCIATED INFECTIONS**  
14 **DATA BY HOSPITALS AND AMBULATORY SUR-**  
15 **GICAL CENTERS.**

16 (a) REQUIRED REPORTING.—

17 (1) HOSPITALS.—Subsection (a)(1) of section  
18 1866 of the Social Security Act (42 U.S.C. 1395cc)  
19 is amended—

20 (A) in subparagraph (U), by striking  
21 “and” at the end;

22 (B) in subparagraph (V), by striking the  
23 period at the end and inserting “, and”; and

24 (C) by inserting after subparagraph (V)  
25 the following new subparagraph:

1           “(W) in the case of a hospital or critical  
2           access hospital, to report to the Secretary data  
3           in accordance with subsection (k)(1).”.

4           (2) AMBULATORY SURGICAL CENTERS.—Section  
5           1832(a)(2)(F)(i) of such Act (42 U.S.C.  
6           1395k(a)(2)(F)(i)) is amended by inserting after  
7           “other standards” the following: “, including the re-  
8           porting to the Secretary of data in accordance with  
9           section 1866(k)(1),”.

10          (b) DATA REPORTING AND PUBLIC POSTING OF  
11          HEALTH CARE-ASSOCIATED INFECTIONS BY HOSPITALS  
12          AND AMBULATORY SURGICAL CENTERS.—Section 1866 of  
13          such Act (42 U.S.C. 1395cc) is further amended by add-  
14          ing at the end the following new subsection:

15          “(k) DATA REPORTING AND PUBLIC AVAILABILITY  
16          OF HEALTH CARE-ASSOCIATED INFECTIONS BY HOS-  
17          PITALS AND AMBULATORY SURGICAL CENTERS.—

18                 “(1) QUARTERLY REPORTING REQUIREMENT.—  
19                 Not later than 45 days after the end of a calendar  
20                 quarter (beginning more than one year after the  
21                 date of the enactment of this subsection), a hospital  
22                 or ambulatory surgical center shall report to the  
23                 Secretary the rate of each health care-associated in-  
24                 fection selected under paragraph (2) occurring in the  
25                 hospital or center, respectively, during the calendar

1 quarter and information on relevant risk factors (re-  
2 lating to susceptibility of patients to each such infec-  
3 tion) that may affect such rate.

4 “(2) SELECTION OF HEALTH CARE-ASSOCIATED  
5 INFECTIONS.—For purposes of this subsection, the  
6 Secretary shall select one or more health care-associ-  
7 ated infections.

8 “(3) PUBLIC POSTING OF DATA.—The Sec-  
9 retary shall promptly post, on the official public  
10 Internet site of the Department of Health and  
11 Human Services, the data reported under paragraph  
12 (1). Such data shall be set forth in a manner that  
13 promotes the comparison of the relative rate of oc-  
14 currence of each health care-associated infection se-  
15 lected under paragraph (2), taking into account the  
16 relevant risk factors reported under such paragraph,  
17 among hospitals and ambulatory surgical centers.

18 “(4) ANNUAL REPORT TO CONGRESS.—For  
19 each year for which data is reported under para-  
20 graph (1) for any calendar quarter in the year, the  
21 Secretary shall submit to Congress a report that  
22 summarizes each of the following:

23 “(A) The rates of occurrence of each  
24 health care-associated infection selected under

1 paragraph (2) in hospitals and ambulatory sur-  
2 gical centers during such year.

3 “(B) Factors that contribute to the occur-  
4 rence of each such infection.

5 “(C) The measures applied by hospitals  
6 and ambulatory surgical centers to reduce each  
7 such infection and the effect of such measures  
8 during such year.

9 “(D) The total increases or decreases in  
10 health care costs that resulted from increases or  
11 decreases in the rates of occurrence of each  
12 such infection during such year.

13 “(E) Recommendations for best practices  
14 to eliminate the rates of occurrence of each  
15 such infection in hospitals and ambulatory sur-  
16 gical centers.

17 “(5) CIVIL MONEY PENALTY.—The Secretary  
18 may impose a civil money penalty of not more than  
19 \$10,000 for each knowing violation of paragraph (1)  
20 by a hospital or ambulatory surgical center. A civil  
21 money penalty under this paragraph shall be im-  
22 posed and collected in the same manner as a civil  
23 money penalty under subsection (a) of section  
24 1128A is imposed and collected under that section,  
25 except that, notwithstanding subsection (f) of such

1 section, if the Secretary designs and implements a  
2 pilot program under section 4(a) of the Healthy  
3 Hospitals Act of 2007 (relating to the health care-  
4 associated infections pilot program), amounts recov-  
5 ered under this paragraph shall be paid to the Sec-  
6 retary and shall be available to carry out such pilot  
7 program.

8 “(6) NON-PREEMPTION OF STATE LAWS.—  
9 Nothing in this subsection shall be construed as pre-  
10 empting or otherwise affecting any provision of  
11 State law relating to the disclosure of additional in-  
12 formation on health care-associated infections or pa-  
13 tient safety procedures for a hospital or ambulatory  
14 surgical center.

15 “(7) HEALTH CARE-ASSOCIATED INFECTION  
16 DEFINED.—For purposes of this subsection, the  
17 term ‘health care-associated infection’—

18 “(A) means, as defined by the Centers for  
19 Disease Control and Prevention, an infection  
20 caused from bacteria or a virus that—

21 “(i) is a localized or systemic condi-  
22 tion that results from an adverse reaction  
23 to the presence of an infectious agent or  
24 its toxin and that was not present or incu-

1           bating at the time of admission of a pa-  
2           tient to the hospital involved;

3           “(ii) is present at any time after ad-  
4           mission and before discharge of such pa-  
5           tient; and

6           “(iii) could reasonably have been pre-  
7           vented had patient safety measures, plans,  
8           and guidelines been adopted and followed;  
9           and

10          “(B) includes surgical site infections, ven-  
11          tilator associated pneumonia, central line re-  
12          lated (IV) blood infections, urinary tract infec-  
13          tions, methicillin-resistant *Staphylococcus*  
14          aureus (MRSA) infections, *clostridium difficile*  
15          infections, and any additional infections speci-  
16          fied by the Secretary.

17          “(8) APPLICATION TO CRITICAL ACCESS HOS-  
18          PITALS.—For purposes of this subsection, the term  
19          ‘hospital’ shall include a critical access hospital.”.

20          (c) AUTHORIZATION OF APPROPRIATIONS.—To carry  
21          out this section, there are authorized to be appropriated  
22          such sums as may be necessary for each of fiscal years  
23          2008 through 2010.

1 **SEC. 4. MEDICARE PILOT PROGRAM TO REDUCE HEALTH**  
2 **CARE-ASSOCIATED INFECTION RATES.**

3 (a) IN GENERAL.—The Secretary of Health and  
4 Human Services is authorized to design and implement  
5 a pilot program under title XVIII of the Social Security  
6 Act to provide financial incentives or grants to hospitals  
7 and ambulatory surgical centers, as selected by the Sec-  
8 retary in accordance with subsection (b), that demonstrate  
9 to the satisfaction of the Secretary a reduction in the rate  
10 of occurrence (or elimination) of health care-associated in-  
11 fections in the applicable hospital or ambulatory surgical  
12 center.

13 (b) SELECTION OF HOSPITALS AND AMBULATORY  
14 SURGICAL CENTERS.—In carrying out subsection (a), the  
15 Secretary of Health and Human Services shall select hos-  
16 pitals and ambulatory surgical centers—

17 (1) that are capable of accurately monitoring  
18 and reporting the rate of occurrence of health care-  
19 associated infections; and

20 (2) the participation of which in such program  
21 will likely result in the greatest scientific and health  
22 benefit for purposes of reducing the rate of occur-  
23 rence of such infections.

24 (c) LIMITATION.—Under the pilot program under  
25 this section the aggregate financial incentives provided  
26 under the program for reduction in infections in a period

1 shall not exceed 10 percent of the amount (estimated by  
2 the Secretary) by which Federal expenditures under title  
3 XVIII of the Social Security Act are reduced in such pe-  
4 riod as a result of such reduction in infections.

5 (d) HEALTH CARE-ASSOCIATED INFECTION DE-  
6 FINED.—For purposes of this section, the term “health  
7 care-associated infection” has the meaning given such  
8 term under section 1866(k)(6) of the Social Security Act,  
9 as added by section 3(b).

10 (e) APPLICATION TO CRITICAL ACCESS HOS-  
11 PITALS.—For purposes of this section, the term “hos-  
12 pital” shall include a critical access hospital.

13 (f) AUTHORIZATION OF APPROPRIATIONS.—To carry  
14 out this section there are authorized to be appropriated  
15 such sums as may be necessary for each of fiscal years  
16 2008 through 2010.

17 **SEC. 5. SENSE OF CONGRESS.**

18 It is the sense of Congress that health care providers  
19 and facilities should take measures to reduce the rate of  
20 occurrence of health care-associated infections to zero,  
21 with respect to patients to whom such providers and facili-  
22 ties furnish services.

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